

SERIAL NUMBER 09/331,261	FILING DATE 06/18/99	CLASS 435	GROUP ART UNIT 1643	ATTORNEY DOCKET NO. 41823
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APPLICANT PAUL0 CESAR PEREGRINO FERREIRA, BELO HORIZONTE, BRAZIL; ERNA GEESSIEN KROON, BELO HORIZONTE, BRAZIL; JENNER KARLISSON PIMENTA DOS REIS, BELO HORIZONTE, BRAZIL; ISABELLA BIAS FORTES FERRAZ, BELO HORIZONTE, BRAZIL; ROMULO CERQUEIRA LEITE, BELO HORIZONTE, BRAZIL.

****CONTINUING DOMESTIC DATA*******

VERIFIED

RE

****371 (NAT'L STAGE) DATA*******

VERIFIED THIS APPLN IS A 371 OF PCT/BR97/00083 12/19/97

RE

****FOREIGN APPLICATIONS*******

VERIFIED BRAZIL PI 9606272-0 12/18/96

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 08/05/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY BRX	SHEETS DRAWING 4	TOTAL CLAIMS 3	INDEPENDENT CLAIMS 1
Verified and Acknowledged <u>RE</u> Examiner's Initials _____	Initials _____			

ADDRESS YOUNG & THOMPSON
745 SOUTH 23RD STREET
SECOND FLOOR
ARLINGTON VA 22202
PHONE: (703)521-2297

TITLE IMMUNOENZYMATIC ASSAY FOR THE DIAGNOSIS OF EQUINE INFECTIOUS ANEMIA VIRUS DISEASE BY USING RECOMBINANT PROTEIN (RGP90) DERIVED FROM EQUINE INFECTIOUS ANEMIA VIRUS

FILING FEE RECEIVED \$1,100	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of tim <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER: 09 / 331261 ✓
 IA NUMBER: PCT/ BR97 / 00083 ✓
 FAMILY NAME: PEREGRINO FERREIRA
 GIVEN NAME: PAULO CESAR ✓
 PRIORITY CLAIMED (Y/N): Y
 NO BASIC FEE (Y/N): N
 ATTORNEY DOCKET NUMBER: 41823 ✓
 CORRESPONDENCE NAME/ADDRESS: CUSTOMER NUMBER:
 NAME: YOUNG & THOMPSON ✓
 STREET: 745 SOUTH 23RD STREET ✓
 2ND FLOOR ✓
 CITY: ARLINGTON
 STATE/COUNTRY: VA ✓ ZIP: 22202 ✓
 EMAIL:
 APPLICATION TITLES:
 IMMUNOENZYMATIC ASSAY FOR THE DIAGNOSIS OF EQUINE INFECTIOUS ANEMIA
 VIRUS DISEASE BY USING RECOMBINANT PROTEIN (RGP90) DERIVED FROM
 EQUINE INFECTIOUS ANEMIA VIRUS ✓

RECEIPT DATE: ✓ 06 / 18 / 99
 IA FILING DATE: ✓ 12 / 19 / 97
 DELAY WAIVED (Y/N): ✓ Y
 DEMAND RECEIVED (Y/N): Y
 PRIORITY DATE: ✓ 12 / 18 / 96
 US DESIGNATED ONLY (Y/N): N
 COUNTRY: BRX
 TELEPHONE 7035212297
 FAX

TAB TO LAST POSITION,PUSH SEND